

LOTSPLIT VARIANCE APPLICATION

CLARK COUNTY, OHIO

Case No: _____
Date Submitted: _____
Paid: _____

CLARK COUNTY PLANNING COMMISSION 25 WEST PLEASANT STREET SPRINGFIELD, OHIO 45506 (937) 328-2498 FAX (937) 328-2621
PLANNING@CO.CLARK.OH.US

The Clark County Subdivision Regulations, Section 1.119 states in part:

"Variances may be granted in the regulations set forth herein by the Planning commission, if it deems such action essential in view of unusual topographic conditions or other special circumstances, provided, however, that any variance being requested does not conflict with the general purpose and intent of these regulations. To secure a variance, the applicant shall make a written request to the Planning Commission explaining fully the reasons therefore."

This application is not considered filed unless all spaces are completed, the necessary items have been submitted and the fee has been paid. Application and necessary items must be submitted prior to filing deadline as determined by the Clark County Planning Commission. Please contact the County Planning Staff for verification of the appropriate date. Any or all items may be rejected if not clearly discernible. (Please Print)

TYPE OF VARIANCE REQUESTED: Frontage _____ Area _____ 4:1 Ratio _____ Net Acreage _____
Other (specify) _____

LOCATION INFORMATION:

Township - _____ Sec. _____ Town _____ Range _____ VMS _____ Permanent Parcel # - _____

Acreage of current tract _____ Proposed subdivision Acreage _____ Frontage _____

Are Buildings or Structures located on lots or within 50 feet of lot lines? Yes _____ No _____

Current Zoning District - _____

NOTE: If rezoning is proposed/required, indicate - Filing Date of Rezoning _____ Rezoning to what District _____

UTILITIES:

PUBLIC SEWER - Yes _____ No _____ (If YES, indicate supplier of utility) _____

PUBLIC WATER - Yes _____ No _____ (If YES, indicate supplier of utility) _____

If individual on-site sewage disposal or wells are utilized, indicate date of approval (as applicable) of:

CLARK COUNTY HEALTH BOARD - _____, _____ OHIO E.P.A. - _____, _____

OWNER / APPLICANT / CONTACT / SURVEYOR:

Owner(s) _____
Address _____ Phone _____
City / State / Zip _____ FAX _____
Email _____

Contact * _____
Address _____ Phone _____
City/State/Zip _____ FAX _____
Email _____

Applicant* _____
Address _____ Phone _____
City/State/Zip _____ FAX _____
Email _____

Surveyor _____
Address _____ Phone _____
City/State/Zip _____ FAX _____
Email _____

* If same as "Owner", just indicate "Same".

Briefly explain how your request complies with the Section 1.19 noted at the top of this form:

(Signature of OWNER(S) - **Required**)

(Signature of APPLICANT(S))

Items to be Submitted with this Application:

- A. Written legal description for property in question. C. Statement indicating reason for variances. (use back of form)
B. Map showing all structures, utility lines, and/or easements D. Fee ~ \$50 for each type of variance requested
on the lot(s) and all existing and proposed dimensions.